



POLICE DEPARTMENT
FAX: (765) 775-5228

REQUEST FOR PRODUCTION OF DOCUMENTS

CITY OF WEST LAFAYETTE POLICE DEPARTMENT
WEST LAFAYETTE, INDIANA
TIPPECANOE COUNTY

Name of person requesting documents _____

Address _____

Telephone contact number #1 (____) _____ #2 (____) _____

Details of documents requested (i.e. police case number, date of incident, approximate time of incidents, location of incident, names of those involved, etc.)

Case Number(s) if known _____

Date of Request _____ Your Signature _____

Do not write or type in this area. For use by West Lafayette Police Department

Date and time received _____ By _____

Signature Authorizing Released _____

Unable to be released/Need Subpoenas/Needs to contact Prosecutor, or other

Explanation _____

Date and time notified to be released or unable to release _____

Released by _____ Date & Time _____

Fee _____ No Fee _____